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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	2011 calendar year, or tax year beginning and ending	
B C	heck if	C Name of organization	D Employer identification number
\vdash	Addre	s change	
\vdash	Name		26-4173142
<u> </u>	Initial i		E Telephone number
	∐Termır ⊐		(718) 720-2673
\vdash	ī .	City or town, state or country, and ZIP + 4	F Group Exemption
<u></u>		ng Method: X Cash Accrual Other (specify)	Number >
			H Check X if the organization is n
		► N/A V FOX(>V0) FOX(>V4) FOX(>V4)	required to attach Schedule B
		npt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	
	heck	· Lifthe organization is not a section 509(a)(3) supporting organization or a section 527 organization and its g A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction	
		be sure to file a complete return.	ons). But it the organization chooses to the
		be sure to file a complete return. : 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	+ 11
		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$ 40 <u>039</u>
	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instri	
		Check if the organization used Schedule O to respond to any question in this Part I	X
	1	Contributions, gifts, grants, and similar amounts received	1
		Program service revenue including government fees and contracts	2
		Membership dues and assessments	3
		nvestment income SEE SCHEDULE O	4 649
		1 1	515.
			734.
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c -1219
		Saming and fundraising events	00 2223
		Gross income from gaming (attach Schedule G if greater than	
Je		S15,000) 6a	
Revenue		Gross income from fundraising events (not including \$ of contributions	
æ		rom fundraising events reported on line 1) (attach Schedule G if the sum of such	1
			375.
	c		311.
	l	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 1564
		Gross sales of inventory, less returns and allowances	1301
		ess: cost of goods sold 7b	
	١	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8	Other response (decembe in Cabadida O)	8
	9	Fotal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 994
	10	Grants and similar amounts paid (list in Schedule 0) SEE SCHEDGLE O	10 1500
	11		11
"	12	Benefits paid to or for members Salaries, other compensation, and employee benefits MAY 2 9 2012	12
se	13	Protectional tage and other nauments to independent contractors.	13
Expenses	14	Occupancy, rent, utilities, and maintenance	14
ΜX	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	16 606
	17	Fotal expenses. Add lines 10 through 16	▶ 17 2106
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1112
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	
SSI	'	(must agree with end-of-year figure reported on prior year's return)	19 47243
Net A	20	Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE Q	20 -929
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21 45202
	<u> </u>	Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (201
L□/	- rof	מארכושטוא וובטענטטוו אנו ווטטונב, פכב נווב פכאמומנב ווופטענטטוופ.	
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132	171		-4-
	171 16-12	2 8 801550 LAN3142 2011.03050 KEVIN LANIGAN MEM	\forall

	n 990-EZ (2011) KEVIN LANIGAN MEMORIAL FO		NC.		6-4	<u> 1/31</u>	42 Page 2
Pa	art II Balance Sheets. (see the instructions for Part II.)						
_	Check if the organization used Schedule O to res	pond to any que			.		
			(A)	Beginning of year	<u> </u>	(B) Er	nd of year
22	Cash, savings, and investments			47243.	22		45202.
23	Land and buildings				23		
24	Other assets (describe in Schedule 0)				24		
25	Total assets			47243.	25		45202.
26	Total liabilities (describe in Schedule O)			0.	26		_0.
27				47243.	27		45202.
Pa	art III Statement of Program Service Accomplishme	nts (see the instr	uctio	ns for Part III.)		Ex	penses
	Check if the organization used Schedule O to res	spond to any que	estion	in this Part III			for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE C				اد ا		and 501(c)(4) ons and section
	ribe the organization's program service accomplishments for each of its three largest program		rnenses	In a clear and concise			trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant inform		.po ooo	2 0.02 270 00110.00	fo	or others.)
	SEE SCHEDULE O				i		
					_		
		· -			_		
	(Grants \$) If this amount includes foreign (rants check here			28	la l	
29	The another molecule foreign	granto, oncon noro				-	
23					-	-	
							
	(Cranta C	rente chock here			₂₉) a	
	(Grants \$) If this amount includes foreign	grants, check here			<u> </u>	74	
30					-		
	/Out to 0				<u> </u>		
	(Grants \$) If this amount includes foreign	grants, check here			<u> </u>	Ja	
	Other program services (describe in Schedule O)				. ا ر		
	(Grants \$) If this amount includes foreign (Total program service expenses (add lines 28a through 31a)	grants, check here			31	2	0.
32	Lotal program cervice expenses (200 lines 282 infolion 3.12)						
		mnlovees			46		as Dark IVA
	art IV List of Officers, Directors, Trustees, and Key E				ee the ins	tructions fo	or Part IV)
		spond to any que	estion	in this Part IV	71.		
	Check if the organization used Schedule O to re-	spond to any que	estior hours	in this Part IV	(d) Health	n benefits,	(e) Estimated
	art IV List of Officers, Directors, Trustees, and Key E	(b) Title and average per week devoted	estior hours	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contribu employe plans, and	n benefits, itions to e benefit d deferred	
P:	Check if the organization used Schedule O to res	(b) Title and average per week devoted position	estior hours	(c) Reportable compensation (Forms	(d) Health contribu	n benefits, itions to e benefit d deferred	(e) Estimated amount of other
Pa MA	Check if the organization used Schedule O to research to the control of the contr	(b) Title and average per week devoted position	estior hours	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribu employe plans, and	n benefits, itions to e benefit d deferred nsation	(e) Estimated amount of other compensation
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Ра	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Sch. O to respond to any question in the			X
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
-	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	.	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	.	Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			ĺ
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			ĺ
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		!	1
39	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on line 9 39a N/A	_		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		1
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958	İ	}	1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •O.	ŀ		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. NY	700		72
42 a	The organization's books are in care of ► CHRISTOPHER R. SMITH, CPA Telephone no. ► (718)	720		13
		1031	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	406	163	X
	account)?	42b	 	<u> </u>
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c		x
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		
40	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
43		N/A		-
	and enter the amount of tax-exempt interest received or accrued during the tax year		<u>. </u>	
			Yes	No
44.	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1.00	 ```
442	Form 990-EZ	44a		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	110	 	
D	of Form 990-EZ	446		x
_	Did the organization receive any payments for indoor tanning services during the year?	44c	T	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1.70	1	
a	In Yes to line 44c, has the organization filed a Form 720 to report these payments? In 140, provide an explanation	44d	1	
45 ~	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		\top	†
40 D	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	1	
	JIZZDJE 1017 11 163, 1 01111 330 and Opticatio It intry fictor to be completed material of 1 0111 330 EZ 2000 monaching		990-EZ	(201

KEVIN LANIGAN MEMORIAL FOUNDATION INC.

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		rectly, in political campaign activitie	es on behalf of or in opposition	n to candidates for p	ublic office?		es No
Part VI	Section 501(c)(3) organ	izations and section 49	147(a)(1) nonevemnt	charitable tru	ete only All	46	X (01(a)(3)
raitvi		7(a)(1) nonexempt charitable tr			_		
	•	ne organization used Schedule	•		and complete	ino table	
	10/ 11/00/00/ 2// 0// 0// 0// 0//		o to toopone to any quoon		-	Y	es No
47 Did the d	organization engage in lobbying act	ivities or have a section 501(h) elec	ction in effect during the tax ve	ar? If "Yes." complet	e Sch. C, Part II	47	Х
		section 170(b)(1)(A)(ii)? If "Yes," (, .		48	X
49a Did the d	organization make any transfers to	an exempt non-charitable related or	rganization?			49a	X
b If "Yes,"	was the related organization a secti	on 527 organization?				49b	
		ve highest compensated employees	•	s, trustees and key er	mployees) who e	ach receiv	ed more
uiaii ֆ it	(a) Name and address of e	rganization. If there is none, enter	(b) Title and average hours	(C) Reportable	(d) Health benefit	(a) F	stimated
	paid more than \$10	0,000	per week devoted to	compensation (Forms	contributions to	amoun	t of other
		NONE	position	W-2/1099-MISC)	plans, and deferre compensation		ensation
	 	1101111			- Companies		
			1				
						ļ	
			1				
						+	
			4				
					}	<u> </u>	
			_				
organiza	e this table for the organization's fi tion. If there is none, enter "None." nd address of each independent co		ent contractors who each recei			ation fron Compens	
						_	
	<u> </u>						
	<u> </u>						
							
							
		· · · · · · · · · · · · · · · · · · ·					
d Total nu	mber of other independent contrac	tors each receiving over \$100,000		.			
52 Did the	organization complete Schedule A?	Note: All section 501(c)(3) organi	zations and 4947(a)(1) nonexe	empt	-		
charitab	le trusts must attach a completed S	Schedule A this return, including accompanying sche information of which preparer has any kni	adulas and statements and to the h	est of my knowledge an	d belief it is frue co	X Yes	No No
Declaration of p	reparer (other than officer) is based on all	information of which preparer has any kn	owledge				
Sign	Signature of officer				Date 5 · L	2.17	-
Here	PATRICK LANIG	AN, EXECUTIVE V	ICE PRESIDENT				
	Type or print name and title				-η , la		
.	Print/Type preparer's name	Preparer's signature	1) 1) Jake 16	Check _] if PTIN		
Paid	CHRISTOPHER R.	SMITH	8 Sillety CAX	self- emplo	· 1	6000	0.1
Preparer	CPA	77 J	//\times 05/09	<u> </u>		6272	
Use Only	7 7		A'S, P.C.		$\frac{N > 13 - 38}{5}$	0289 20-2	
	Firm's address ► 394 M	ANOR ROAD N ISLAND, NY 101	2 1 <i>/</i> l	Phone no). /10 /	20-2	0/3
May the IDS	discuss this return with the prepare		774			X Yes	No
iviay uic ino (and and the property	Totalin above: Occ manachona					-EZ (2011)

. SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

Down 1	Danier 1		ANIGAN MEMOR						26	<u> </u>	<u> 142</u>	
Part I			ty Status (All organiz					ructions.				
		•	pecause it is: (For lines 1	_		-	•					
1			, or association of churc		nbed in se	ction 170	b)(1)(A)(i)	•				
2			0(b)(1)(A)(ii). (Attach Scl	•								
3 📙	=		al service organization of						_			
4 🔲		-	perated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	's name	١,
	city, and state		- ·							· · · · · · · · · · · · · · · · · · ·		
5 📖	_		penefit of a college or un	niversity ov	vned or op	erated by	a governr	nental uni	t describe	ed in		
	section 170((b)(1)(A)(iv). (Comple	te Part II.)									
6 🖳	A federal, stat	te, or local governme	ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).					
7 📖	An organization	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic desc	rıbed ın	
	section 170(l	b)(1)(A)(vi). (Complet	te Part II.)									
8 🖳	A community	trust described in se	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 X	An organization	on that normally rece	eives: (1) more than 33 1	1/3% of its	support fr	om contril	outions, m	embershi	p fees, an	d gross red	ceipts fr	om
	activities relat	ted to its exempt fun	ictions - subject to certa	ıın exceptio	ons, and (2	?) no more	than 33 1	/3% of its	support f	from gross	ınvestm	nent
	income and u	inrelated business ta	xable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	ifter June 3	0, 1975	į
	See section !	509(a)(2). (Complete	Part III)									
10	An organization	on organized and op	erated exclusively to tes	st for publi	c safety. S	see sectio	n 509(a)(4	·).				
11 🔲	An organizati	on organized and op	erated exclusively for th	ne benefit d	of, to perfo	rm the fur	ictions of,	or to carry	y out the p	purposes c	of one or	r
	more publicly	supported organiza	tions described in section	on 509(a)(1	1) or section	n 509(a)(2). See sec	tion 509(a)(3). Che	ck the box	that	
	describes the	type of supporting	organization and comple	et <u>e lin</u> es 1°	1e through	11h.						
	a Type I	b	Type II c	: 🔲 Тур	e III - Func	tionally int	egrated		d	Type III - (Other	
е 🗀	By checking t	this box, I certify tha	t the organization is not	controlled	directly o	rındırectly	by one or	more disc	qualified p	persons oth	ner than	i
	foundation m	anagers and other th	nan one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or s	section 509	}(a)(2).	
f	If the organiza	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	is box							•		
g	Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?			
	(i) A persor	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	escribed i	n (ii) and (ııi) below,		Yes	No
	the gove	erning body of the su	ipported organization?							11g(i)	\sqcup	
	(ii) A family	member of a persor	described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		_
h	Provide the fo	ollowing information	about the supported or	ganization	(s)							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	i notify the	(vi) Is	the	(vii) An	nount of	
	anization	(,	organization (described on lines 1-9		sted in your			organizátic (i) organiz U.S	ed in the		port	
			above or IRC section	governing	document?	(i) of your	support	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
					1							
			<u> </u>						ļ ļ			
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-	_											
Γotal							<u> </u>					

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Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Schodulo A /Form 200 or 200 F7 2011						Pogo 0
Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for (Organizations	Described in	Sections 170	(h)(1)(Δ)(iv) and	d 170(b)(1)(A)(Page 2_
(Complete only if you checked						
fails to qualify under the tests				in failed to quality t	underraitin nur	e organization
Section A. Public Support						
		# > 0000		1 0010	4 2 2 2 4	(D.T.)
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")	 					<u> </u>
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			· - ·	<u> </u>		
3 The value of services or facilities						
furnished by a governmental unit to	ļ					
the organization without charge						
4 Total. Add lines 1 through 3		<u> </u>				
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
 						
6 Public support. Subtract line 5 from line 4 Section B. Total Support			l	l		<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	(a) 2007	(0) 2008	(0) 2009	(0) 2010	(e) 2011	(i) Total
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						-
activities, whether or not the				İ	İ	
business is regularly carried on						
10 Other income Do not include gain						_
or loss from the sale of capital						
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc. (see instructi	ons)	<u> </u>	-	12	
13 First five years. If the Form 990 is for	•	•	rd. fourth. or fifth t	ax vear as a section		
organization, check this box and stop		•,,	-,	,		▶□
Section C. Computation of Publi		rcentage				<u> </u>
14 Public support percentage for 2011 (I			column (f))		14	%
15 Public support percentage from 2010		•	ν,,	•	15	%
16a 33 1/3% support test - 2011. If the c	•	•	on line 13, and line	14 is 33 1/3% or i	more, check this b	ox and
stop here. The organization qualifies					•	ightharpoons
b 33 1/3% support test - 2010. If the o		_		d line 15 is 33 1/3%	6 or more, check t	his box
and stop here. The organization qual					•	ightharpoons
17a 10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fac						

Schedule A (Form 990 or 990-EZ) 2011

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990 EZ) 2011 KEVIN LANIGAN MEMORIAL FOUNDATION INC. 26-4173142 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")			71750.			71750.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	-		71750.			71750.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b					 	0.
8_Public support (Subtract line 7c from line 6)			***		 	71750.
Section B. Total Support			<u> </u>		<u> </u>	71750.
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1=2,	192	71750.		1 1 1	71750.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			 		 	
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			-			
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			_			
13 Total support (Add lines 9, 10c, 11, and 12)			71750.			71750.
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	x year as a sec	tion 501(c)(3) organi	zation,
check this box and stop here						lacksquare
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2011 (li	ne 8, column (f) d	livided by line 13,	column (f))	•	15	<u>100.00 %</u>
16 Public support percentage from 2010	Schedule A, Part	t III, line 15			16	<u>100.00 %</u>
Section D. Computation of Inves	tment Incom	e Percentage) 			
17 Investment income percentage for 20	11 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	.00 %
18 Investment income percentage from 2	:010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did	not check the box	on line 14, and line	15 is more than	n 33 1/3%, and line	
more than 33 1/3%, check this box ar	nd stop here. The	e organizatıon qua	difies as a publicly s	supported organ	ization	> X
b 33 1/3% support tests - 2010. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check th	is box and see	instructions	
132023 01-24-12					chedule A (Form 9	90 or 990-EZ) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KEVIN LANICAN MEMORIAL FOIRDATION INC

Employer identification number 26-4173142

REVIN DANIGAN MEMORIAD FOUNDATION INC. 20-	41/3144
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
	649.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: ST. CHRISTOPHER'S SCHOOL	
GRANTEE ADDRESS: 15 LISBON PLACE STATEN ISLAND, NY 10306	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 10/15/11	
AMOUNT GIVEN:	1000.
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: ADELPHI UNIVERSITY ATHLETICS	
GRANTEE ADDRESS: 1 SOUTH AVENUE GARDEN CITY , NY 11530-0701	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 10/15/11	
AMOUNT GIVEN:	500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	1500.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	-
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK CHARGES	10.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Fo	rm 990 or 990-EZ) (2011)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public

Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization 26-4173142 KEVIN LANIGAN MEMORIAL FOUNDATION INC 35. FILING FEES 561. FEES AND PERMITS 606. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS: CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT: -929. UNREALIZED LOSS ON MARKETABLE SECURITIES FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION WAS FORMED TO PERPETUATE THE MEMORY OF KEVIN LANIGAN BY PROVIDING FINANCIAL AID AND ASSISTANCE TO ANY NEEDY OR DESERVING CHILD OR CHILDREN WITHOUT REGARD TO RACE, NATIONALITY, SEX, COLOR OR CREED. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: THE ORGANIZATION WAS FORMED TO PERPETUATE THE MEMORY OF KEVIN LANIGAN BY PROVIDING FINANCIAL AID AND ASSISTANCE TO

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. OR INDIRECTLY, THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT

ANY NEEDY OR DESERVING CHILD OR CHILDREN WITHOUT REGARD TO

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RACE, NATIONALITY, SEX, COLOR OR CREED.

Schedule O (Form 990 or 990-EZ) (2011)